

EXHIBIT 8

649-F (Rev. 10/03) (6045)

Medical Examination Report

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

Driver completes this section.

1. DRIVER'S INFORMATION		Driver completes this section.	
Driver's Name (Last, First, Middle) <u>Thompson Edward Noel</u>	Social Security No. <u>417-88-9319</u>	Birthdate <u>10-30-42</u>	Age <u>41</u>
Address <u>801 5th Ave</u>	City, State, Zip Code <u>Geneva, IL 60134</u>	Work Tel: () <u>449-1657</u>	Home Tel: (334) <u>449-1657</u>
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Date of Exam <u>4-26-04</u>	
New Certification <input checked="" type="checkbox"/> New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow Up		License Class <input checked="" type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other	
State of Issue <u>IL</u>		Driver License No. <u>4657740</u>	

Driver completes this section, but medical examiner is encouraged to discuss with driver.

2. HEALTH HISTORY		Driver completes this section, but medical examiner is encouraged to discuss with driver.	
Yes	No	Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any illness or injury in the last 5 years?		Fainting, dizziness	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Head/Brain injuries, disorders or illnesses		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Seizures, epilepsy		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medication		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eye disorders or impaired vision (except corrective lenses)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ear disorders, loss of hearing or balance		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart disease or heart attack; other cardiovascular condition		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medication		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart surgery (valve replacement/bypass, angioplasty, pacemaker)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High blood pressure		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medication		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Muscular disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shortness of breath		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Loss of, or altered consciousness		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature Edward Noel Thompson Date 4-26-04

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

Type 2 dm. Glucophage + Glucobol - takes pen - when blood sugar > 165"History. Stroke about 10 years ago. No symptoms. Blood sugar

FBI

TESTING (Medical Examiner completes Section 3 through 7)

Name: Last,

First,

Middle,

3. VISION Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY		CORRECTED		HORIZONTAL FIELD OF VISION	
Right Eye	20/ 16	20/		Right Eye	85°
Left Eye	20/ 16	20/		Left Eye	85°
Both Eyes	20/ 16	20/			

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing: ☐ Corrective Lenses

Monocular Vision: ☐ Yes ☒ No

Date of Examination

Name of Ophthalmologist or Optometrist (print)

Tel. No.

License No./State of Issue

Signature

4. HEARING Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB. ☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear	Left Ear
	5 Feet	5 Feet

b) If audiometer is used, record hearing loss in decibels, (acc. to ANSI Z24.5-1951)	Right Ear	Left Ear
	500 Hz 1000 Hz 2000 Hz	500 Hz 1000 Hz 2000 Hz
	Average:	Average:

5. BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded. Medical examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic 136	Diastolic 73
Driver qualified if ≤ 140/90.		
Pulse Rate:	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	
Record Pulse Rate:	64	

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤ 140/90. One-line certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2		1 year from date of exam if ≤ 140/90
≥ 180/110	Stage 3		6 months from date of exam if ≤ 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.
Other Testing (Describe and record)

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
1.015	neg	neg	neg	2000

4/28/04 - Gutierrez - 207 - Fasting - 604 - 220

7. 72 (in.) Height: 203 (lbs.) Weight: 203 (lbs.) Name: Last, First, Middle

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

See Instructions to the Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hernias.		
4. Mouth and Throat	Irreversible deformities likely to interfere with breathing or swallowing.			10. Extremities - Limb	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.			12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

*COMMENTS:

Note certification status here. See Instructions to the Medical Examiner for guidance.

☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate Chg recorded data 4/23/04 to 04/26/05

☐ Does not meet standards

☒ Meets standards, but periodic monitoring required due to

Driver qualified only for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other

☒ Temporarily disqualified due to (condition or medication): DIABETS

Return to medical examiner's office for follow up on

☐ Wearing corrective lenses

☐ Wearing hearing aid

☐ Accompanied by a waiver/exemption. Driver must present exemption at time of certification.

☐ Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone (See 49 CFR 391.62)

☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature Shelam M. Bellwell

Medical Examiner's Name Shelam M. Bellwell

Address 2201 N. GREENHILL BLVD. CLARKVILLE, TN

Telephone Number (812) 283-2013

If it meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)